FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:05

DOCUMENT # 769725 (3)

1. Corporation Name
BROWARD EDUCATION FOUNDATION, INC.

Principal Place of Business	Mailing Address
1320 SW 4TH ST. FT LAUDERDALE FL 33312	1320 SW 4TH ST. FT LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/08/1983
3a. Date of Last Report: 06/29/1994
4. FEI Number: 59-2359433 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 600 SE 3 Avenue, 11th Fl.	26 600 SE 3 Avenue, 11th Fl.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Ft. Lauderdale, FL	City & State 28 Ft. Lauderdale, FL
Zip 24 33301 Country 25 USA	Zip 29 33301 Country 30 USA

9. Name and Address of Current Registered Agent

HAROLD HIPPLER,
2716 NE 37 DRIVE
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE		☐ Change ☒ Addition
NAME	ROGERS, ROY	1.2 NAME		
STREET ADDRESS	1200 WESTON ROAD	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	33326	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	ANNE H. MCMICHAEL	2.2 NAME		
STREET ADDRESS	2101 W. CYPRESS CREEK ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	HAROLD HIPPLER,	3.2 NAME		
STREET ADDRESS	2716 NE 37 DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	LEE, ROBERT W.	4.2 NAME		
STREET ADDRESS	2400 E. COMMERCIAL BLVD., #600	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☒ Change ☐ Addition
NAME	SANDRA CARR,	5.2 NAME	KIM W. ENGLISH	
STREET ADDRESS	1320 SW 4TH STREET	5.3 STREET ADDRESS	600 SE 3 Avenue, 11th Fl.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	5.4 CITY-ST-ZIP	Ft.Lauderdale, FL 33301	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Kim W. English 2/6/95 305-765-6622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048181